

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT, AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)

RECEIVED

JUL 21 2022

Bayfield Co.
Planning and Zoning Agency

| | |
|--------------|----------------|
| Permit #: | 22-0270 |
| Date: | 10-5-22 |
| Amount Paid: | 390.00 gov pay |
| Other: | |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

| | | | | | | | |
|--|--|-----------------------------------|--------------------------------|--|--------------------------------------|---|--------------------------------|
| TYPE OF PERMIT REQUESTED | <input type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name: | Gordon Karen Bartholomew | | Mailing Address: | 1501 Levan Dr. | | City/State/Zip: | Madison WI 53711 |
| Address of Property: | Parcel 012-173-05 Koonen Rd | | City/State/Zip: | Cable WI 54821 | | Telephone: | |
| Email: (print clearly) | gordybart@gmail.com | | | | | | |
| Contractor: | Will Billington | | Contractor Phone: | 715-558-4442 | | Plumber: | MacPines - Doug Manthey |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | | Agent Phone: | | | Agent Mailing Address (include City/State/Zip): | 715-580-0140 |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | | Tax ID# | 10128 38759 | | Recorded Document: (Showing Ownership) | 2022R 593698 |
| SW 1/4, SW 1/4 | Gov't Lot | Lot(s) | CSM | Vol & Page | CSM Doc # | Lot(s) # | Block # |
| | | 1 | | | 2227 | | |
| Section 18 | Township 43 | N, Range 17 | W | Town of: | Cable | Lot Size | 87,180 sq ft |
| | | | | | | Acreage | 2 A |

| | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : _____ feet | | |

| | | | | | | |
|---|--|---|--|---------------------------------------|---|--|
| Value at Time of Completion * include donated time & material | Project | Project # of Stories | Project Foundation | Total # of bedrooms on property | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property? | Type of Water on property |
| \$ 130.00 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Basement | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> Slab | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> | <input type="checkbox"/> Use | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Year Round | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|--|------------|-----------|---------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: 26 | Width: 38 | Height: 27'6" |
| Proposed Construction: (overall dimensions) | Length: | Width: | Height: |

| | | | | |
|---|-------------------------------------|--|-------------|----------------|
| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input checked="" type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (26 X 30) | 780 |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| <input type="checkbox"/> Commercial Use | <input checked="" type="checkbox"/> | with a Deck | (26 X 8) | 208 |
| | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (explain) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (explain) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (explain) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | Other: (explain) _____ | (X) | | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Will Billington Karen Bartholomew
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date: 7-19-22

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

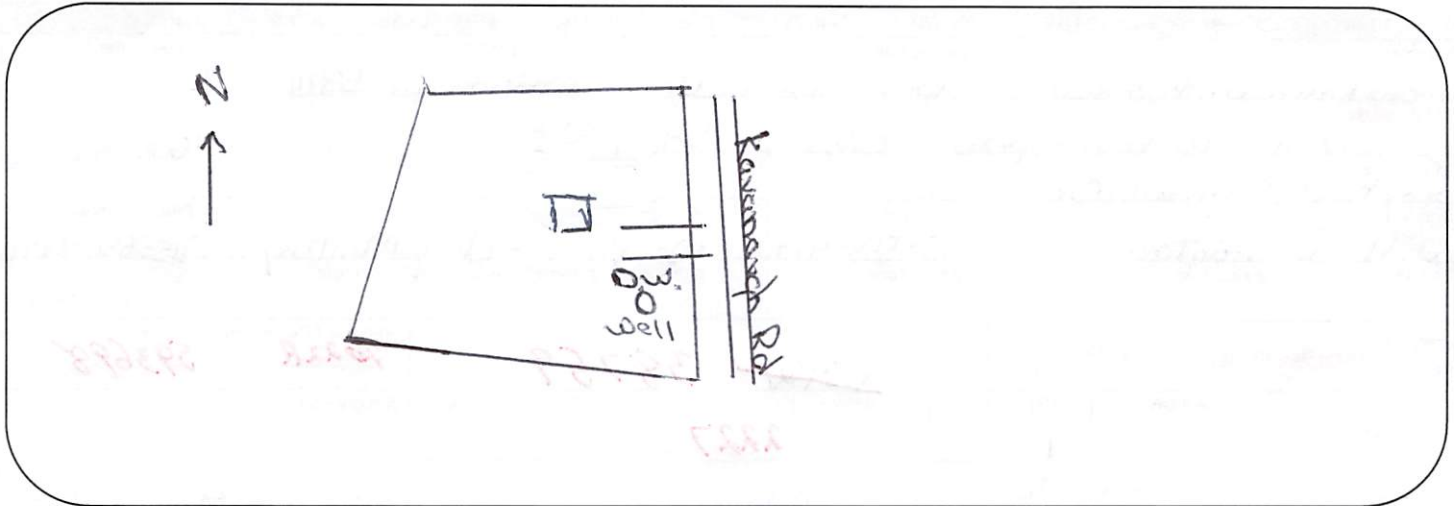
Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:
(2) Show / Indicate:
(3) Show Location of (*):
(4) Show:
(5) Show:
(6) Show any (*):
(7) Show any (*):

Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Setback Measurements | Description | Setback Measurements |
|---|----------------------|--|---|
| Setback from the Centerline of Platted Road | 100 Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | 92 Feet | Setback from the River, Stream, Creek | Feet |
| | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | 184 Feet | | |
| Setback from the South Lot Line | 115 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 338 Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 92 Feet | Elevation of Floodplain | Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | 40 Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

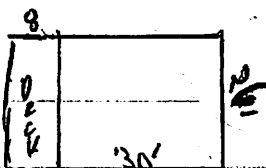
| | | | | |
|---|---|---|---|----------------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: city | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 22-0270 | | Permit Date: 10-5-22 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Deed of Record | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mitigation Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fused/Contiguous Lot(s) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mitigation Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Case #: | | Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: | | Zoning District (R-1) | | |
| | | Lakes Classification (N/A) | | |
| Date of Inspection: 8/18/22 | Inspected by: AP | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | |
| - Build as Proposed | | | | |
| - Get Required UPC Inspections | | | | |
| Signature of Inspector: AP | | | | Date of Approval: 10/3/22 |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

239'



North

281'



Drive by
Well O

188'

Kawassaka Rd.

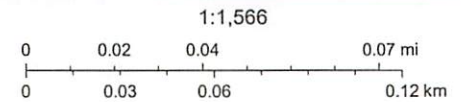
382'

Bayfield County, WI



8/11/2022, 9:49:49 AM

- | | | | |
|-------------------------------|------------------|--------------------------------|-------------|
| — Tie Lines | All Roads | ● Recorded Map | ■ New |
| — Meander Lines | — Federal | ■ Building Footprint 2009-2015 | — Driveways |
| — Approximate Parcel Boundary | — Town | ■ Changed | ■ Buildings |
| — Section Lines | — Survey Maps | ■ Demolished | |
| — Municipal Boundary | ● UnRecorded Map | ■ Existing | |



Bayfield

Town of Cable Sanitary District #1

David Popelka, President
Town of Cable Sanitary District #1
PO Box 541 Cable, WI 54821

7/15/2022

Gordon Bartholomew
1501 Lewon Dr
Madison, WI 53711

RE Parcel # 38759 -431xx Kavanaugh Road

To whom it may concern;

The above referenced parcel is located within the boundaries of the Cable Sanitary District #1. Any buildings at this location will be required to connect to the district sewer facility and no private wastewater systems will be allowed.

An application for service along with connection fees must be submitted to the district prior to construction.

Thank you

David Popelka, President
Cable Sanitary District #1

Cc:
File
Bayfield County Zoning

Permit # 202201

Parcel ID# 38759

Town of Cable Sanitary District #1

PO Box 541 – Cable WI. 54821

Connection Permit

Service Location

Owner: Gordon Bartholomew

Service Address: 43145 Kavanaugh Rd

Licensed Installing Contractor

Company: Nor-Pines Plumbing

Contact Phone Number: 715-739-6868

- 24 hour notice is required for inspection prior to work being started. Any re-inspection cost is \$25.00
- Completion of any work prior to notification will require all installed piping be re-exposed for inspection at owners expense and a \$500.00 fine
- Subject to the conditions and requirements listed on the back of this permit.

Permit for connection to the Town of Cable Sanitary District facilities is issued to the above location, owner and contractor only. Any changes must be approved by the district.

Permit expires 24 months from issue date.

Date Issued: September 20, 2022

Permit Conditions

1. The Contractor shall file a Certificate of Insurance with the District Clerk prior to the permit being issued. Recommended insurance should cover workers compensation, automobile liability, general liability with the minimum following coverages. \$500,000 bodily injury and \$250,000 property damage. Proof of proper licensing shall also be provided.
2. The property owner/plumbing contractor agrees to furnish any additional information relating to the installation of use of the sewer as requested by the District. All building sewers shall be installed per the appropriate sections of the Wisconsin Administrative Code and abide by all provisions of the District.
3. Where permissible room exists, the property owner/contractor shall excavate from the property line toward the structure to be connected. In all building sewer installations, the property owner/contractor shall first expose the public lateral at the property line and determine the pitch needed to service the house or building
4. In areas where groundwater conditions necessitate dewatering, the property owner/contractor shall incorporate proper dewatering equipment and procedures.
5. The plumber will be held responsible for the removal of any mud, sand or debris which enters the sewer as a result of the building sewer installation procedures.
6. The plumber shall not use the public lateral for trench dewatering.
7. The plumber will be required to perform a leakage test on the connecting sewer. This leakage test will be done in accordance with the appropriate sections of the Wisconsin Administrative Code (ILHR 82) and in the presence of the District inspector. The time of the inspection must be arranged with the inspector prior to construction.
8. The property owner/contractor is responsible for any damage or disturbance to the public right-of-way.
9. Road restoration will be the responsibility of the property owner/contractor and must comply with requirements of the District and the Town.
10. No excavation dirt allowed on Town streets.
11. Any existing on-site wastewater disposal system shall be properly abandoned at the time of lateral connection.
12. The property owner is responsible for all costs for installation, repair or maintenance of the lateral from the right of way line to the building.

Permit # 202201

Parcel ID# 38759

Copy on File

Town of Cable Sanitary District #1

PO Box 541 – Cable WI. 54821

APPLICATION FOR SERVICE CONNECTION

Service Location

Owner: _____

Service Address: _____

Phone: _____

Billing Address: _____

Licensed Plumbing Contractor

Company: _____

Address: _____

Phone: _____

24 hour notice is required for inspection prior to work being
Started. Any re-inspection cost is \$25.00

Signed: Owner: _____

Contractor: _____

Fill out upper portion and return to District Clerk along with permit and connection fees, 2 weeks prior to starting construction

(below to be completed by district)

Permit issued by: _____

Date _____

Inspection date/time: _____

Installation approved by: _____

Pipe material and size installed: _____

Proper cleanouts installed? _____

Bedding material: _____

Compaction method: _____

Existing onsite system? _____ If yes, Licensed septic pumper: _____

Signature of pumper: _____

Abandonment approved by: _____

PAGES: 1

Document Name

—("Grantee," whether one or more).

Recording Area

Name and Return Address

Gordon B. and Karen H. Bartholomew
1501 Lewon Drive
Madison, WI 53711

~~16234-21~~

Part of 04-012-2-43-07-18-2 00-116-11100

~~Parcel Identification Number (PIN)~~

This is not homestead property.
(is) (is not)

(SEAL)

John D. Moin
* John D. Moin

(SEAL)

(SEAL)

(SEAL)

ACKNOWLEDGMENT

Signature(s) _____

authenticated on

*

TITLE: MEMBER STATE BAR OF WISCONSIN

(If not, _____
authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:

ATTORNEY MAX T. LINDSEY, SB#1112865
Anich, Wickman & Lindsey, S.C., Ashland, WI 54806

STATE OF WISCONSIN

Bayfield COUNTY) ss.

Personally came before me on March 1, 2022
the above-named John D. Moin

to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

* Kenneth J. Greger

Notary Public, State of Wisconsin
My Commission (is permanent) (expires: 11/6/22)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

WARRANTY DEED

© 2003 STATE BAR OF WISCONSIN

FORM NO. 1-2003

* Type name below signatures.

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO.

LOT 4 IN BLOCK 16 OF ASSESSOR'S PLAT
NO. 2 OF THE VILLAGE OF CABLE, RECORDED
IN VOLUME 6 OF PLATS ON PAGES 10-19,
AS DOCUMENT NO. 306322, LOCATED IN THE
SW 1/4 OF THE SW 1/4 OF SECTION 18,
T. 43 N., R. 7 W., IN THE VILLAGE OF
CABLE, BAYFIELD COUNTY, WISCONSIN

TOTAL AREA
511,766 SQ. FT.
11.75 ACRES

BOUNDARIES BASED ON THE
SOUTH LINE OF LOT 4 OF
BLOCK 16, BEING S 82°23'54" W

LOT 2, CSM 1371
(LOT 2, BLK 15)

LOT 3, BLK 15

LOT 4, BLK 15

LOT 1
87,180 SQ. FT.
2.00 ACRES

LOT 2
424,586 SQ. FT.
9.75 ACRES

CHICAGO & NORTHWESTERN RAILROAD

KAVANAUGH ROAD
(FIRST ADJACENT 200' W)

SCALE: 1 INCH = 120 FEET



PIPE DIMENSIONS ARE BUTTER DIRECT

LEGEND

- ⊙ FOUND IRON PIPE, SIZE NOTED
- ⊙ FOUND 2" CAPPED IRON PIPE
- 1" x 18" IRON PIPE, BEGINNING 1.13 LBS/FT
- SET THIS SURVEY
- () RECORDED INFORMATION

CLIENT: MOON, J.

JOB NO.: 102/001

DRAWN BY: P. NELSON

FILE: 14, 2022

FIELDWORK COMPLETED: 2/15/22

SCALE: 1 INCH = 120 FEET

FILE: 14, 2022

ACROSS/DATE/102/001

NO. 419 PG. 129

SHEET 1 OF 2 SHEETS

**NELSON
SURVEYING
INCORPORATED**

REGISTERED PROFESSIONAL SURVEYOR

WISCONSIN LICENSE NO. 102/001

FOR A MORE DETAILED
SURVEY, PLEASE SEE
THE FULL SURVEY REPORT
ON THE 102/001-001

Real Estate Bayfield County Property Listing

Today's Date: 8/11/2022

Property Status: **Next Year**

Created On: 5/12/2022 1:19:43 PM

Description Updated: 5/12/2022

Tax ID: 38759
PIN: 04-012-2-43-07-18-2 00-116-11110
 Legacy PIN:
 Map ID:
 Municipality: (012) TOWN OF CABLE
 STR: S18 T43N R07W
 Description: LOT 1 CSM #2227 IN V.13 P.32
 (LOCATED IN LOT 4 BLOCK 16
 ASSESSORS PLAT NO 2; IN THE SW SW
 S18) IN DOC 2022R-593698
 Recorded Acres: 2.000
 Calculated Acres: 2.000
 Lottery Claims: 0
 First Dollar: No
 Zoning: (R-1) Residential-1
 ESN: 108

Tax Districts Updated: 5/12/2022

1 STATE
 04 COUNTY
 012 TOWN OF CABLE
 041491 SCHL-DRUMMOND
 001700 TECHNICAL COLLEGE
 047110 CABLE SANITARY DISTRICT #1

Recorded Documents Updated: 3/15/2006

WARRANTY DEED
 Date Recorded: 3/4/2022 2022R-593698
CERTIFIED SURVEY MAP
 Date Recorded: 2/21/2022 2022R-593488 13-32
WARRANTY DEED
 Date Recorded: 1/4/2013 2013R-547558 1098-689
CONVERSION
 Date Recorded: 207-230;798-960

Ownership Updated: 5/12/2022

GORDON B & KAREN H BARTHOLOMEW MADISON WI

Billing Address:
GORDON B & KAREN H
BARTHOLOMEW
 1501 LEWON DR
 MADISON WI 53711

Mailing Address:
GORDON B & KAREN H
BARTHOLOMEW
 1501 LEWON DR
 MADISON WI 53711

Site Address * indicates Private Road

N/A

Property Assessment Updated: N/A

2022 Assessment Detail

| Code | Acres | Land | Imp. |
|------|-------|------|------|
| N/A | | | |

2-Year Comparison

| | 2021 | 2022 | Change |
|------------------|------|------|--------|
| Land: | 0 | 0 | 0.0% |
| Improved: | 0 | 0 | 0.0% |
| Total: | 0 | 0 | 0.0% |

Property History

Parent Properties Tax ID
04-012-2-43-07-18-2 00-116-11100 10128

HISTORY [Expand All History](#) White=Current Parcels Pink=Retired Parcels

Tax ID: 10128 Pin: 04-012-2-43-07-18-2 00-116-11100 Leg. Pin: 012117305000
 38759 This Parcel ↑ Parents ↓ Children

City Septic letter 8-20-22
Deck which is

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **Municipal**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0270** Issued To: **Gordon & Karen Bartholomew**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **18** Township **43** N. Range **7** W. Town of **Cable**
Doc# **2022R-593698**

Gov't Lot Lot **1** Block Subdivision CSM# **2227**
In V. 13 P. 32

Residential Structure in R-1 zoning district

For: [1-Story], Residence on a Basement (30' x 26'); Deck (8' x 26') = 988 sq. ft.] at a Height of 27'6"

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Build as Proposed. Meet and maintain setbacks including eaves & overhangs. For Personal Residence Only. State/Town/DNR permits may be required. A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

October 5, 2022

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY -
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 09092202-2022

Tax ID: 38595

Issued To: K TELEMAR INTERVAL OWNERS

Location: LOT 2 CSM #2188 IN V.12
P.404 (LOCATED IN SE NW; SW NW; NW
SW; NE SW) IN DOC 2021R- 591213

Section

Township 43 N.

Range 07 W.

CABLE

Govt Lot 0

Lot

Block

Subdivision:

CSM# 2188

For: Residential / Detached Garage / 60L x 63W x 12H

Condition(s): Meet and maintain all setbacks including eaves and overhangs. Not to be used for human habitation or sleeping purposes.
No water under pressure or plumbing fixtures unless said structure is permitted to be connected to a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Tracy Pooler

Authorized Issuing Official

Thu Oct 06 2022

Date

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

RECEIVED
SEP 08 2022

Bayfield Co.
Planning and Zoning Agency

ENTERED
9-8

| | |
|--------------|-----------|
| Permit #: | 22-0262 |
| Date: | 10-5-2022 |
| Amount Paid: | 75-92822 |
| Other: | |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

| | | | | | | | | | | | | | | | |
|--|--|--|--|-----------------------------------|--|--------------------------------|--|---|--|--------------------------------------|--|--|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED | | <input checked="" type="checkbox"/> LAND USE | | <input type="checkbox"/> SANITARY | | <input type="checkbox"/> PRIVY | | <input type="checkbox"/> CONDITIONAL USE | | <input type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | |
| Owner's Name: | | ANITA KISS IN TRUST | | Mailing Address: | | 43495 ROBIN LN. | | City/State/Zip: | | CABE WI 54821 | | Telephone: | | 715-798-4949 | |
| Address of Property: | | 43495 ROBIN LN. | | City/State/Zip: | | CABE WI 54821 | | | | | | Cell Phone: | | 715-638-6215 | |
| Email: (print clearly) | | | | | | | | | | | | | | | |
| Contractor: | | | | Contractor Phone: | | | | Plumber: | | | | Plumber Phone: | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | | | Agent Phone: | | | | Agent Mailing Address (include City/State/Zip): | | | | Written Authorization Required (for Agent) | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | Tax ID# | | 10174 | | Recorded Document: (Showing Ownership) | | 2005R | | 503735 | | | |
| 1/4, 1/4 | | Gov't Lot | | Lot(s) | | CSM | | Vol & Page | | 934/326 | | CSM Doc # | | Lot(s) # | |
| Section 17 | | Township 43 | | N, Range 7 | | W | | Town of: | | CABE | | Lot Size | | 2.1 Acres | |
| | | | | | | | | | | | | Acreage | | 2.1 | |

| | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → | Distance Structure is from Shoreline: _____ feet | Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | Distance Structure is from Shoreline: _____ feet | | |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | Project # of Stories | Project Foundation | Total # of bedrooms on property | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property? | Type of Water on property |
|---|---|---|---|---------------------------------------|---|--|
| \$ 11,000 | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> Slab | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic Tanks/Field | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Skids | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> | <input type="checkbox"/> Use | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Shed | <input type="checkbox"/> | <input type="checkbox"/> Year Round | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|--|-------------|------------|-------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: | Width: | Height: |
| Proposed Construction: (overall dimensions) | Length: 28' | Width: 12' | Height: 12' |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| <input type="checkbox"/> Commercial Use | | with a Deck | (X) | |
| | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (explain) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Accessory Building (explain) Shed, Tool Shed | (28 X 12) | 589 |
| | <input checked="" type="checkbox"/> | Accessory Building Addition/Alteration (explain) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Anita Kiss
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 9-8-22

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: 43495 ROBIN LN, CABE WI 54821

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Need Road Setback - Trust Paperwork

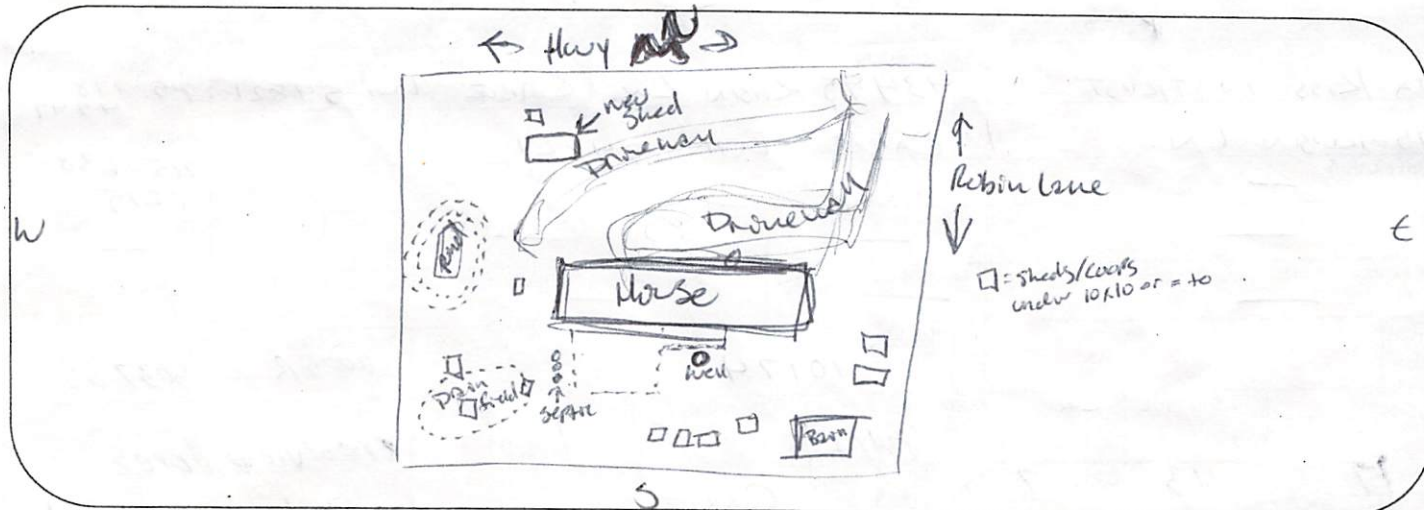
33

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description | Setback Measurements | | Description | Setback Measurements |
|---|----------------------|------|--|--|
| Setback from the Centerline of Platted Road | 80 | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | | Feet | Setback from the River, Stream, Creek | Feet |
| | | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | 50 | Feet | | |
| Setback from the South Lot Line | 255 | Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 200 | Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 110 | Feet | Elevation of Floodplain | Feet |
| | | | | |
| Setback to Septic Tank or Holding Tank | 100+ | Feet | Setback to Well | Feet |
| Setback to Drain Field | | Feet | | |
| Setback to Privy (Portable, Composting) | | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

| | | | | |
|---|---|---|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 22-0262 | | Permit Date: 10-5-2022 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: | | | | Zoning District (R-R13) Lakes Classification (P/A) |
| Date of Inspection: 9/19/22 | | Inspected by: [Signature] | | Date of Re-Inspection: |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.) | | | | |
| Storage Not for Human Habitation - If pressurized H ₂ O enter structure, get septic permits | | | | |
| Signature of Inspector: [Signature] | | | | Date of Approval: 9/20/22 |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

Bayfield County, WI



Document Number

Abridgment of Judgment

PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS

2005R-503735

12/08/2005 10:45:01AM

TF EXEMPT #:

RECORDING FEE: 13.00

PAGES: 2

Recording Area

Name and Return Address

Spears & Carlson
PO Box 547
Washburn, WI 54891

pd 13.00

Parcel Identification Number (PIN)

Drafted by:
John R. Carlson (SBN 1050163)

V 934 P 226.

In Re the Marriage of:

ANITA JAYNE KISS,

Petitioner,

ABRIDGMENT OF JUDGMENT

and

Case No. 02-FA-58

DAVID LEE KISS,

Respondent.

The Judgment of Divorce in the above entitled action entered the 3rd day of January, 2003, contains the following provisions pertaining to real property and secured interests in real property:

11. The parties own real estate described as Lot 1, Plat of Crestview Acres, Town of Cable, Bayfield County, Wisconsin. Such real estate was purchased by land contract, dated December 15, 1995. The parties have fully paid on the land contract, however, title to the property has not yet passed to the parties due to a cloud on the title. The parties have agreed that at the time the title does pass to the parties, that the title shall pass directly to the children named above as tenants in common. If title passes to the children while they are still minors, then Anita Kiss shall hold the title in trust for the benefit of the children until the youngest child has reached the age of 21.

I hereby certify that the foregoing provisions are a part of the Judgment of Divorce on file herein in the above-entitled action. However, the Office of the Clerk of Court makes no representation that all provisions pertinent to the real estate of the parties or secured interests in real property of the parties are included herein.

December 8, 2005

Kay M. Soder, Deputy
Bayfield Clerk of Court

V 934 P 227.

Real Estate Bayfield County Property Listing

Today's Date: 9/12/2022

Property Status: Current

Created On: 3/15/2006 1:15:08 PM

Description Updated: 3/4/2010

Tax ID: 10174
PIN: 04-012-2-43-07-17-3 00-155-01000
Legacy PIN: 012117706000
Map ID:
Municipality: (012) TOWN OF CABLE
STR: S17 T43N R07W
Description: CREST VIEW ACRES LOT 1 IN V.934
P.226 331A IM 2005R-503735 IM 2005R-498959 (SEE HISTORY NOTE)
Recorded Acres: 2.100
Calculated Acres: 2.101
Lottery Claims: 1
First Dollar: Yes
Zoning: (R-RB) Residential-Recreational Business
ESN: 108

Tax Districts Updated: 3/15/2006

1 STATE
04 COUNTY
012 TOWN OF CABLE
041491 SCHL-DRUMMOND
001700 TECHNICAL COLLEGE

Recorded Documents Updated: 3/15/2006

CONVERSION

Date Recorded: 503735 917-217;934-226

Ownership Updated: 3/4/2010

ANITA KISS IN TRUST CABLE WI

Billing Address:

ANITA KISS IN TRUST
43495 ROBIN LN
CABLE WI 54821

Mailing Address:

ANITA KISS IN TRUST
43495 ROBIN LN
CABLE WI 54821

Site Address * indicates Private Road

43495 ROBIN LN CABLE 54821

Property Assessment Updated: 6/17/2020

2022 Assessment Detail

| Code | Acres | Land | Imp. |
|----------------|-------|--------|--------|
| G1-RESIDENTIAL | 2.100 | 15,200 | 80,800 |

2-Year Comparison

| | 2021 | 2022 | Change |
|------------------|--------|--------|--------|
| Land: | 15,200 | 15,200 | 0.0% |
| Improved: | 80,800 | 80,800 | 0.0% |
| Total: | 96,000 | 96,000 | 0.0% |

Property History

N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0262** Issued To: **Anita Kiss (in Trust)**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **17** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **1** Block Subdivision **Crest View Acres** CSM#

Residential Structure in R-RB zoning district

For: Accessory: [1- Story]; Shed/Tood Shed on Skids (28' x 12') = 336 sq. ft.] Height of 12'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must meet and maintain setbacks including eaves and overhangs. For Personal Storage Only. Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

October 5, 2022

Date